

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013047

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 26 1962

Primary Registration District No.

Registrar's No.

2952

VS 300  
Rev. 4/59

1

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSF. #1

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

ST. LOUIS

d. STREET ADDRESS

(If outside, give location) 1305 S. 12<sup>th</sup> ST.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

THOMAS

Middle

W

Last

O'BRIEN

## 4. DATE OF DEATH

Month

3

Day

16

Year

62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

MAR 4 1876 86

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINTENANCE MAN

## 10b. KIND OF BUSINESS OR INDUSTRY

RAWLINGS

## 11. BIRTHPLACE (City and state or country)

SCOTLAND

## 12. CITIZEN OF WHAT COUNTRY

U-S-A

## 13a. FATHER'S NAME

JOHN O'BRIEN

## 13b. MOTHER'S MAIDEN NAME

MARGARET DONAHUE

## 14. NAME OF HUSBAND OR WIFE

MARGARET O'BRIEN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

SEILEEN DEVINE 3339 NEBRASKA AVE

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema (Congestive Heart Failure)

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

4200H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Adenocarcinoma of Rectum

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3 - 11 - 62 to 3 - 16 - 62 and last saw her alive on 3 - 16 - 62

Death occurred at 12:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

David L. Beato, M.D.

## 22b. ADDRESS

1515 LAFAYETTE AVE.

## 22c. DATE SIGNED

3/16/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

MAR 19 1962

## 23c. NAME OF CEMETERY OR CREMATORY

ST. PETER + PAUL CEM.

## 23d. LOCATION (City, town, or county)

ST. LOUIS

## 23e. STATE

MO.

## 24. GENERAL DIRECTOR

ADDRESS

Thomas Hates 2906 Gravois

## 25. DATE RECD. BY LOCAL REG.

MAR 19 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

David L. Beato, M.D.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*E. E. Province*

Licensed Embalmer No. 3403

P. O. Address 2906 groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.